

Split - 1

Work Order ID 87147 - 1

\*87147\*

Page 1

July-11-12 8:57:09 AM

Item ID: D3884-1

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Saddle, Inboard LH

Stop

\*NS2\*

Start Date: 7/11/12

Start Qty: 5.00

\*5\*

Cust Item ID:

Required Date: 7/17/12

Req'd Qty: 5.00

\*5\*

Customer:

Reference:

Approvals:

Process Plan:

Date: 12-07-12

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

Draw Nbr

Revision Nbr

D3884

B

100

0.00

\*100\*

HAAS CNC VERTICAL MACHINING #1

HAAS 1

Memo

0.00

HAAS CNC vertical machine #1

Program Batch No. 87147

Double check by: B.O.

1-Machine Step No 1 per Folio FA818 and inspect per attached Dimension Sheets

2-Machine Step No 2 per Folio FA818 and inspect per attached Dimension Sheets

3-Machine Step No 3 per Folio FA818 and inspect per Dimension Sheets

SL 12-08-04

110

QC2- Inspect parts off machine FAI/FAIB

0.00

\*110\*

QC

Memo

0.00

Quality Control

SL 12-08-04

W/O: 87147-1

## WORK ORDER CHANGES

DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: D3884-1 PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: PS Date: 12/08/17  
 Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: NO Date: 12/08/20

NCR: 12-1706		WORK ORDER NON-CONFORMANCE (NCR) \$315.71						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			
12-08-14	100	Saddle slot dimension -220 <sup>+0</sup> -005 to -208  RC used using set of clamps on manual mill which caused the part to lift and machined key way crooked operator error.	<u>PS</u> 12/08/14 PS1042	SCRAP  P 12.9.14	SK 12-08-14	b.a. 12/08/14	<u>PS</u> 12/08/14 PS1042	<u>DAS</u> 16 12/08/14

NOTE: Date &amp; initial all entries

**Work Order ID 87147**

July-11-12 8:57:10 AM

**\*87147\***

Page 2

Item ID: D3884-1

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Saddle, Inboard LH

Start Date: 7/11/12 Start Qty: 5.00

**\*5\***

Cust Item ID:

Required Date: 7/17/12 Req'd Qty: 5.00

**\*5\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120	QC8- Inspect parts - second check	0.00							
<b>*120*</b>									
QC	Memo	0.00							
Quality Control									
130	Chemical Conversion Coat per QSI005 4.1	0.00							
<b>*130*</b>									
HandFinish	Memo	0.00							
Hand Finishing									
140	White Gloss(Ref:4.3.5.1) per QSI005 4.3-Alum	0.00							
<b>*140*</b>									
Powdercoat	Memo	0.00							
Powder Coating	START TIME: _____ OVEN TEMPERATURE: _____ FINISH TIME: _____								

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

**Work Order ID 87147****\*87147\***

Page 3

July-11-12 8:57:10 AM

Item ID: D3884-1

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Saddle, Inboard LH

Start Date: 7/11/12 Start Qty: 5.00

**\*5\***

Cust Item ID:

Required Date: 7/17/12 Req'd Qty: 5.00

**\*5\***

Customer:

Reference:

Approvals:

Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_

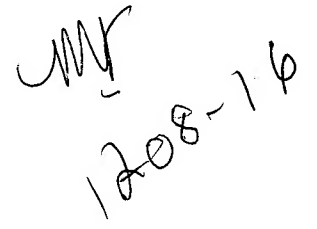
Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150	QC3- Inspect Part Finish	0.00							
<b>*150*</b>									
QC	Memo	0.00							
Quality Control									
160	Identify as per dwg & Stock Location: _____	0.00							
<b>*160*</b>									
Packaging	Memo	0.00							
Packaging									
170	QC21- Final Inspection - Work Order Release	0.00							
<b>*170*</b>									
QC	Memo	0.00							
Quality Control									



W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

# Picklist Print

July-11-12 8:57:09 AM

Page 1

Work Order ID: 87147

Parent Item: D3884-1

Parent Item Name: Saddle, Inboard LH

Start Date: 7/11/12

Required Date: 7/17/12

Start Qty: 5.00

Required Qty: 5.00

Comments: IPP RevA: New issue DD verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D6101-017 Saddle Billet		Manufactured	No				Each	4.0000		5			

Location

Loc Qty

Loc Code

MAT047

4

74801

4

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries



<b>DART AEROSPACE LTD</b>		<b>Work Order:</b>	87147
<b>Description:</b> Saddle, Inboard, LH		<b>Part Number:</b>	D3884-1
<b>Inspection Dwg:</b> D3884	<b>Rev.</b> B	<b>Page 1 of 1</b>	

Inspect dimensions highlighted on inspection sheet drawing and record below:

Dim	Min	Max	Go/No Go Gauge	Recorded Actual Dimensions				By	Date
				1	2	3	4		
A	2.870	2.880		2.875	2.875	2.875	2.875		
B	1.433	1.443		1.438	1.438	1.438	1.438		
C	0.638	0.658		0.650	0.649	0.649	0.649		
D	3.895	3.905		3.900	3.900	3.900	3.900		
E	0.257	0.262		0.258	0.258	0.258	0.258		
F	0.605	0.625		0.617	0.615	0.615	0.615		
G	1.120	1.130		1.125	1.125	1.125	1.125		
H	2.245	2.255		2.250	2.250	2.250	2.250		
I	2.000	2.020		2.004	2.002	2.001	2.005		
J	0.140	0.175		0.150	0.151	0.151	0.151		
K	1.265	1.285		1.269	1.267	1.266	1.260		
L	0.115	0.135		0.126	0.125	0.125	0.125		
M	0.240	0.260		0.252	0.252	0.252	0.251		
N	0.110	0.140		0.135	0.135	0.135	0.135		
O	0.240	0.260		0.254	0.250	0.251	0.249		
P	2.826	2.886		2.868	2.868	2.868	2.868		
Q	0.178	0.198		0.188	0.188	0.188	0.188		
R	0.140	0.165		0.155	0.152	0.153	0.152		
S	0.720	0.780		0.760	0.760	0.760	0.760		
T	1.220	1.280		1.255	1.255	1.255	1.255		
U	1.245	1.255		1.250	1.250	1.250	1.250		
V	5.990	6.010		6.003	6.003	6.003	6.003		
W	2.495	2.505		2.500	2.500	2.500	2.500		
X	0.490	0.510		0.501	0.501	0.500	0.502		
Y	0.020	0.040		0.030	0.030	0.030	0.030		
Z	0.313	0.318		0.314	0.314	0.314	0.314		
AA	0.760	0.765		0.761	0.761	0.761	0.761		
AB	0.215	0.220		0.208	0.218	0.218	0.220		
AC	0.316	0.321		0.316	0.316	0.316	0.316		
AD	1.745	1.755		1.750	1.750	1.750	1.750		
AE	0.990	1.010		1.010	1.000	1.000	1.000		
AF									
Accept/Reject									

Measured by:	SL
Date:	12-08-04

Audited by:	
Date:	

Rev	Date	Change	Revised by	Approved
A	09.10.22	New Issue	KJ	

NCR: Yes / No

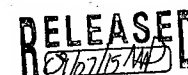
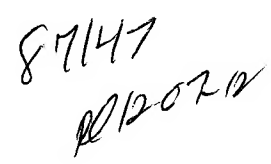
**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other



1) MATERIAL: 7075-T7351 ALUMINUM PER QQ-A-250/12 OR AMS-QQ-A-250/12 OR AMS-QQ-A-250/12 (REF DART SPEC, D6101-017)

2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
POWDER COAT "WHITE" (4.3.5.1) PER DART QSI 005 4.3



3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED

4) UNITS: INCHES UNLESS OTHERWISE NOTED

5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX

6) IDENTIFICATION: ENGRAVE PART AND BATCH NUMBER IN THIS AREA TO  
MAX. DEPTH OF 0.010 WITH A MIN. TOOL RAD OF R0.010

7) WEIGHT: 0.71 lbs

B	D6101-017 WAS D6102-017, ZN A6-1; ADD NOTE, ZN C4-2; ADD R0.031, ZN C2-2; INCREASED TOLERANCE 0.175 WAS 0.165, ZN B7-1, ADD 0.615, ZN C6-1, ADD 0.648, ZN C4-1; ADD 0.250, ZN D6-2; ADD 0.060, ZN C2-2; 0.75 WAS 0.65; ZN D7-2		RF	09.06.30
A	NEW ISSUE		RF	09.03.30
REV.	DESCRIPTION		BY	DATE
DESIGN	RF	<b>DART AEROSPACE USA, INC.</b>		
DRAWN	RF	PORT HADLOCK, WA		
CHECKED		DRAWING NO.	REV.	
MFG. APPR.		D3884	SHEET 1 OF	
APPROVED		TITLE	SCALE	
DE APPR.		INBOARD SADDLE	NT	
DATE	09.06.30	COPYRIGHT © 2009 BY DART AEROSPACE USA, INC. THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS WITHOUT PERMISSION FROM DART AEROSPACE USA, INC.		

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

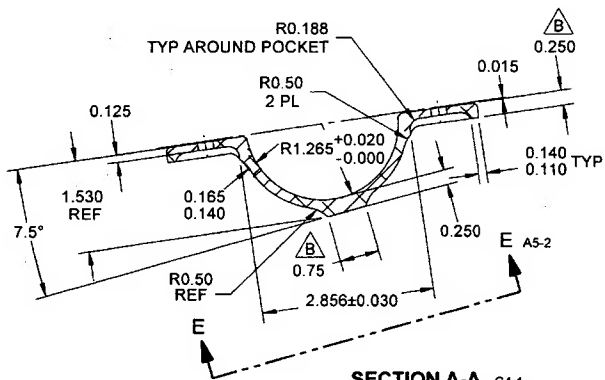
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

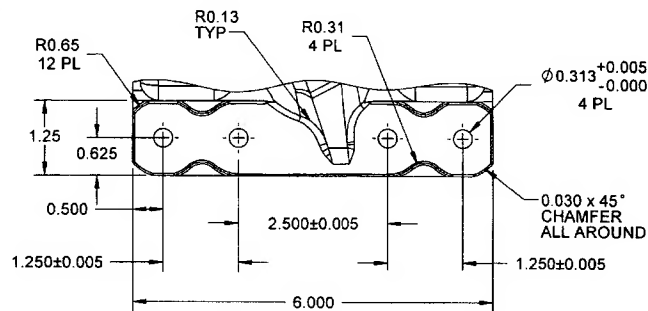
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

**FAULT CATEGORY**

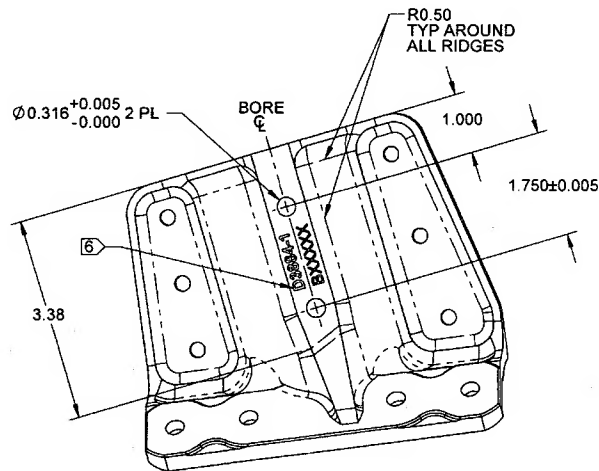
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other



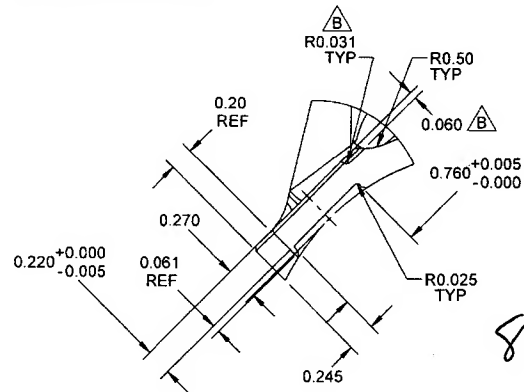
**SECTION A-A** C4-1



**VIEW B-B** B3-1  
(ROTATED FOR CLARITY)







**VIEW E-E** C6-2



**DETAIL C** B3-1  
SCALE 2X

**RELEASED**  
29/11/15

DESIGN	RF	<b>DART AEROSPACE USA, INC.</b>	
DRAWN	RF	PORT HADLOCK, WA	
CHECKED		DRAWING NO.	REV. B
MFG APPR.		D3884	SHEET 2 OF 2
APPROVED		TITLE	SCALE
DE APPR.		INBOARD SADDLE	NTS
DATE	09.06.30	COPYRIGHT © 2008 BY DART AEROSPACE USA, INC.	
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NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY			
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other